

22 CV 850-JLS

Revised 03/06 WDNY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A CIVIL COMPLAINT IN FEDERAL COURT
(Non-Prisoner Context)

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name of Plaintiff: NOTE: *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application or the only plaintiff to be considered will be the plaintiff who filed an application.*

Felissa Ann Davis

-vs-

B. Full Name(s) of Defendant(s) NOTE: *Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. Add a separate sheet, if necessary.*

1. Niagara Falls Police Dept.

4. _____

2. _____

5. _____

3. _____

6. _____

2. STATEMENT OF JURISDICTION, VENUE and NATURE OF SUIT

*All of these sections **MUST** be answered*

Identify the basis for federal Court jurisdiction over your claim, such as that the United States government is a party to the action, all the parties reside in different states and therefore you claim diversity jurisdiction, or the claim presents a federal question or arises under federal law.

A. Basis of Jurisdiction in Federal Court:

Wither Buffalo Metro Office

State why the Western District of New York is the proper venue for this action, such as that your claim arises in or the defendant resides in the 17 westernmost counties of New York State.

B. Reason for Venue in the Western District:

Requesting compensation over \$100,000

Identify the nature of this action, such as that it is a civil rights claim, a personal injury or personal property (tort) claim, a property rights claim, or whatever it is.

C. Nature of Suit:

Civil Rights violation

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name of First Plaintiff:

Present Address:

Name of Second Plaintiff:

Present Address:

DEFENDANT'S INFORMATION NOTE: To list additional defendants, use this format on another sheet of paper.

Name of First Defendant:

Official Position of Defendant (if relevant):

Address of Defendant:

Name of Second Defendant:

Official Position of Defendant (if relevant):

Address of Defendant:

Name of Third Defendant:

Official Position of Defendant (if relevant):

Address of Defendant:

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒

No ☐

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit

Plaintiff(s):

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: Senatus

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☐

If not, give the approximate date it was resolved. _____

Disposition (check those statements which apply):

☐ Dismissed (check the statement which indicates why it was dismissed):☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;☐ By court due to your voluntary withdrawal of claim;☐ Judgment upon motion or after trial entered for☐ plaintiff☐ defendant.**5. STATEMENT OF CLAIM**

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

A. FIRST CLAIM: On (date of the incident) 7/20/2022,

defendant (give the name and (if relevant) the position held of each defendant involved in this incident) _____

Masqua Falls Police failed to complete investigation, falsified documents.

did the following to me (briefly state what each defendant named above did):

Rytor man falsified documents
failed to properly investigate
Guedes was queer, according Captain
Chigamau, I could not confirm if they
did had evidence or who to make an
arrest and

The federal basis for this claim is:

State briefly exactly what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

Collect compensatory damages

B. SECOND CLAIM: On (date of the incident)

Back in August 2016

defendant (give the name and (if relevant) position held of each defendant involved in this incident)

did the following to me (briefly state what each defendant named above did):

They failed to
make an arrest for Timothy Shaversing.
Since then has develop a "vendetta" type
of irregularities towards the victim.

The federal basis for this claim is:

With your jurisdiction

State briefly exactly what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

Seek damages from Magau Falls Police
Department.

If you have additional claims, use the above format to set them out on additional sheets of paper.

6. SUMMARY OF RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

Requesting monetary damages in the amount of 1 million dollars.

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/7/2022
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

[Signature]

Signature(s) of Plaintiff(s)

Third Claim - Since 2016, I have been harassed, stalked, followed, internet hacked, my security compromised and suffered all types of discrimination and harassment due to the unwillingness to get justice.

Third Claim - Since 2016, I have been harassed, stalked, followed, internet hacked, my security system compromised and suffered all types of discrimination and harassment due to the wrong attempts to get justice. I attribute all these actions related to [illegible] fall police personnel and many others and [illegible] to [illegible].

system compromise a
discrimination and harassment
attempting to get justice.
I attribute all these actions related to
this incident. Niagara Falls police has enacted
several types of racist, white supremacy tactics and
used organized crime tactics to deter the union.
They have intimidated any agency that attempt
to contact for services, assistance, holding or delaying
services.
They have compromised my phone records
operating law enforcement officials
I need your help.
My place or construction
lead on

They have compromised my phone records
impersonating law enforcement officials
time or money I need your help.

by Army, impersonally
I think almost 2 years; they
Company with initials BOC, to my
and photoed that was odd they were taking
the roof. But what was even odder that at
measurements from my drawn I saw that
shut, while I was in the more measurements. It did
the window looking more measurements. It did
not add-up. Until I noticed that
internal had been compromised.
including gpps. At which
cannot use my camera
at all!

Page 1:22-cv-00880-JLS Document 1 Filed 11/07/22 Page 4 of 27
They have managed to infiltrate all
aspects of my life. I can not call
for help because calls are diverted,
answered by those who seem to know nothing
about the problem.

Now, when I finally speak to
someone using a random phone the
with a report no contact or different reason
for phone contact.

I am believe they have impersonated
law enforcement officers.

I want justice - my mulla have
every one's right sense.

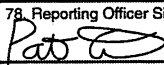
Thanking you Mr. Adams

I have enclosed picture
of defendant for
Halter and receipts

* The other issue is. Sears is not
aware of this HE Factory Guy.

What happens is because they are monitoring
my phone and internet, mail. Now they
likely they intercepted the call and sent ②
three other people.

These tactics are similar to
they impersonated National Guard and
claimed it had a gas leak. When I
contacted National Guard months later
there was no information about the
entry to home from the bogus report
of a leak. I provided the court
previously with the information
I sent Judge Walford.

INCIDENT	1. Agency NIAGARA FALLS POLICE DEPT		2. Division/Precinct NFPD		New York State INCIDENT REPORT			3. ORI NY NY0310200		4. <input checked="" type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No. NF-04719-22		6. Incident No. NF-00028351-22				
	7. Report Day Sat		8. Date 07 30 2022		9. Report Time 1439		10. Occurred On/From: Thu 07 28 2022		11. Time 0800		12. Occurred To: Sat 07 30 2022		13. Date 1336					
	16. Incident Type INVESTIGATION					17. Business Name					18. Weapon(s)					A.		
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 2936 9TH ST										20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) NIAGARA FALLS, NY, 14303			21. Location Code 3202		B.		
ASSOCIATED PERSONS	22. OFF. NO.		LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE				CTS	23. No. of Victims 0	C.		
	1															24. No. of Suspects 0	D.	
	2																	
	3																	
VICTIM	25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim															26. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> N	E.	
	TYPE/NO		NAME (LAST, FIRST, MIDDLE, TITLE)				Date of Birth		STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP							TELEPHONE NO.		F.
	CA		DAVIS, FELISSA, ANN				05/03/1972		2936 9TH STREET, NIAGARA FALLS, NY 14301							(716)-578-4412		-
																RESIDENCE		-
																BUSINESS		-
																RESIDENCE		-
SUSPECT/ARRESTED PERSON	27. Date of Birth		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unk.		34. Temp. Res. - Foreign Nat. <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Unk.		J.	
	34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO															K.		
	35. Type/No. Arrest Subject		36. Name (Last, First, Middle)				37. Alias/Nickname/Maiden Name (Last, First, Middle)							38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm		L.		
	39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)										40. Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		41. Social Security No.			M.		
	42. Date of Birth		43. Age		44. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		45. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		46. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		47. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		48. Occupation			N.		
	49. Height		50. Weight		51. Hair		52. Eyes		53. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		55. Employer/School		56. Address		77	
PROPERTY	57. Scars/Marks/Tattoos (Describe)															X		
	58. Misc.															X		
	59. Victim or Suspect No.		Property Status	Property Type	Quantity/Measure	Make or Drug Type	Model	Serial No.		Description			Value		X			
			TABLE S	TABLE T	TABLE U	TABLE V									X			
															X			
															X			
VEHICLE	60. Vehicle Status TABLE W		61. License Plate No.		Full <input type="checkbox"/> Partial <input type="checkbox"/>		62. State		63. Exp. Yr.		64. Plate Type		65. Value			X		
	66. Veh. Yr.		67. Make		68. Model		69. Style		70. VIN.						X			
	71. Color(s)		72. Towed By: To:		73. Vehicle Notes						X							
																X		
NARRATIVE	74. 07/30/2022 14:41 -- CICCARELLI, PATRICK (18546) --															X		
	On the above date and time while assigned to car 49 this officer was dispatched to the above location for an investigation.															X		
	Felissa Davis states on 7/28/22 a man by the name of "Kevin" arrived at her home to look at her broken washing machine. Felissa states she called Sears because she believes the water pump to her washing machine was broken. She claims the tech on the phone told her that is approx. a \$300.00 job. She also states she Googled it and Google also informed her it was approx. a \$300.00 fix. However, when															X		
																X		
																X		
																X		
ADMINISTRATIVE	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other					76. NYSPIN Message No.					77. Complainant Signature					B use cover sheet		
	78. Reporting Officer Signature (Include Rank)  PATRICK CICCARELLI					79. ID No. Shield: 18546					80. Supervisor's Signature (Include Rank)					81. ID No.		
	82. Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unk.					83. Status Date					84. Notified/TOT					85. 1 Page of 2 Pages		

INCIDENT REPORT (continue page)

INCIDENT No. : NF-04719-22

BLOTTER/CC No. : NF-00028351-22

ADDITIONAL NARRATIVE(s)

"Kevin" arrived he quoted her at \$645.25. Felissa thought that was suspicious and claims when she asked "Kevin" why it was so much higher than what they told her on the phone "Kevin" got nervous and stated he wasn't going to charge her. Felissa states she signed the estimate, but denied it, and the male left.

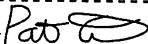
Felissa then noticed her credit card was charged \$127.39. When she called Sears to ask why she states they told her that is the fee to come out and see the problem and give a quote on the work. This made her believe that it was a scam. She then asked about "Kevin", this is when she claims that Sears informed her that they don't know any repair man by that name. She believes that "Kevin" gave her a high quote on purpose so that she would deny the service so they could charge her the fee to come look at her washing machine.

Felissa did give me copies of the quotes. I then asked for a bank statement to which she stated "I can get that but it shouldn't matter." She then started to get agitated with this officer claiming the Police are conspiring against her.

ADDITIONAL PERSONS INVOLVED

Name:	Address:				
Home Phone:	Bus. Phone:		Cell Phone:		
DOB :	Age:	Sex:	Race:	Type:	

SIGNATURE(s)

REPORTING OFFICER 

From: **Sears Home Services** no-reply@shs.com
 Subject: **Your declined estimate from service order 44380710**
 Date: Jul 28, 2022 at 2:04:39 PM
 To: fefenigeleema@icloud.com



Get appointment support

In support of CDC Contact Tracing, if someone in your household develops a confirmed case of **COVID-19** within the next 14 days, please make us aware by calling us at **800-469-9443**.

Trusted for generations
 Proudly serving your neighborhood



DECLINED SEARS SERVICE ESTIMATE #44380710

Service date:
7/28/2022

Service Order Number:
44380710

Brand & Product:
**FRIGIDAIRE FRONT LOAD
 WASH 2YR**

Service Unit Number:
0007670

COST INFORMATION

PARTS

Part Name	Water Pump
Status	
Quantity	1
Cost	\$178.50
Parts Cost	\$0.00
Tax (State)	\$0.00
Coupon	\$0.00
Total Parts Cost	\$0.00

LABOR

Labor Cost	\$117.95
Diagnostic Fee	Waived
Coupon	\$0.00
Tax on Labor (state)	\$9.44
Total Labor	\$127.39

TOTALS

Part Total	\$0.00
Labor Total	\$127.39
Grand total	\$127.39

PAYMENTS

OCT 25 2022
 5 2022
 Uploaded to Best
 Answer

From: **Sears Home Services** no-reply@shs.com
 Subject: **Your declined estimate from service order 44380710**
 Date: Jul 28, 2022 at 2:04:27 PM
 To: fefenigeleema@icloud.com



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DECLINED SEARS SERVICE ESTIMATE #44380710

Service date:
7/28/2022

Service Order Number:
44380710

Brand & Product:
**FRIGIDAIRE FRONT LOAD
 WASH 2YR**

Service Unit Number:
0007670

COST INFORMATION

PARTS

Part Name	Status	Quantity	Cost
Water Pump		1	\$178.50
Parts Cost			\$178.50
Tax (State)			\$14.28
Coupon			\$0.00

Total Parts Cost

\$192.78

LABOR

Labor Cost	\$418.95
Diagnostic Fee	Waived
Coupon	\$0.00
Tax on Labor (state)	\$33.52

Total Labor

\$452.47

TOTALS

Part Total	\$192.78
Labor Total	\$452.47
Grand total	\$645.25

PAYMENTS

I declined to pay for the parts and labor because I have a receipt for the parts and I have a receipt for the labor. I have a receipt for the parts and I have a receipt for the labor. I have a receipt for the parts and I have a receipt for the labor.

Pre-Paid Amount \$0.00
 Total Amount Collected Today \$0.00
 Amount Not Paid \$645.25

APPLIANCE INFORMATION

Merchandise
 Brand Name
 Model Number
 Serial Number
 Service Requested

FRONT LOAD WASH 2YR
 FRIGIDAIRE
 FAFW3511KR0
 4C01202857
 Repair

CUSTOMER INFORMATION

FELISSA DAVID
 2936 9TH ST
 NIAGARA FALLS NY 14305
 7165784412
 FEFENIGELEEMA@ICLOUD.COM

TECHNICIAN INFORMATION

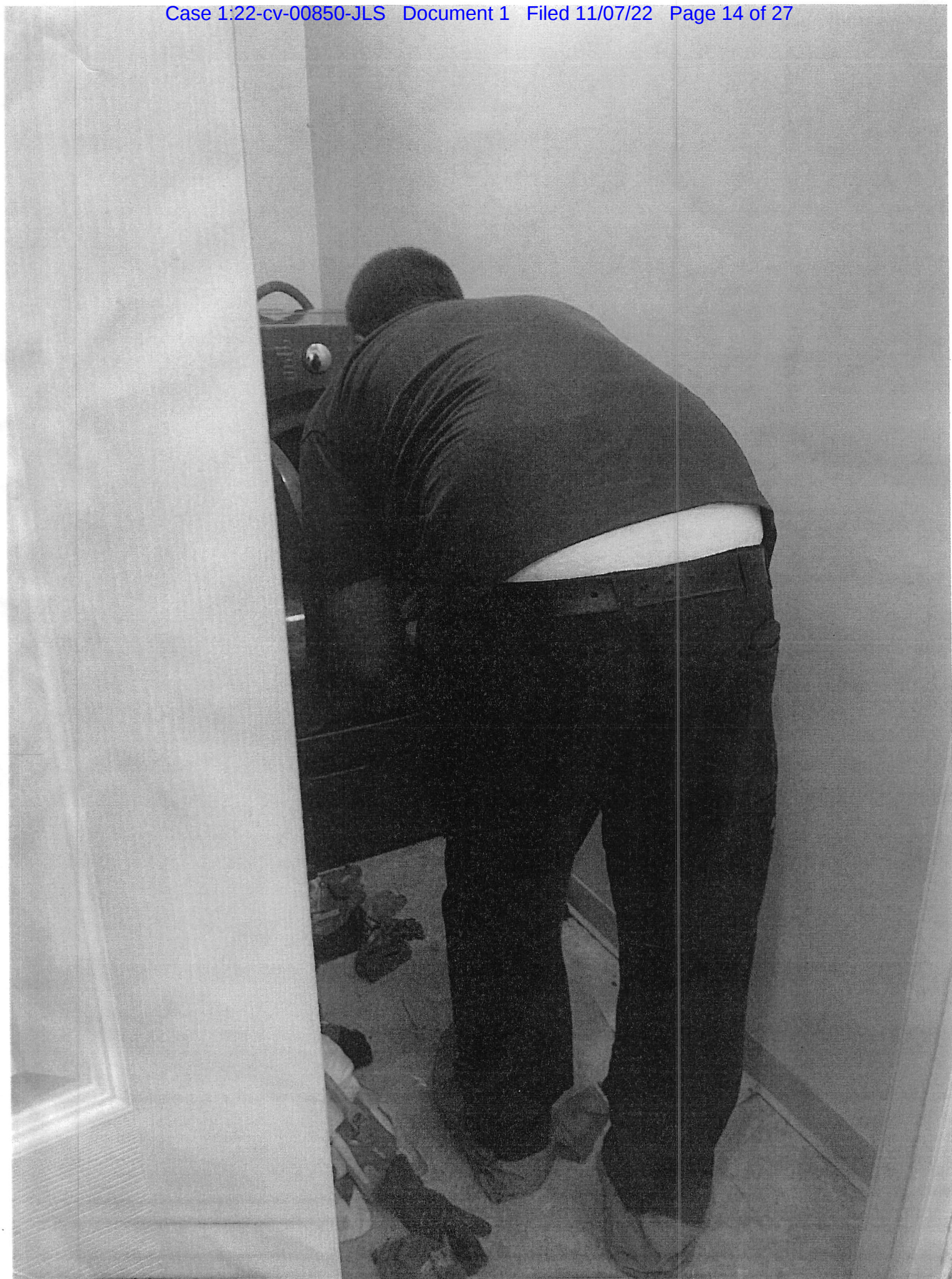
Technician ID

0007831

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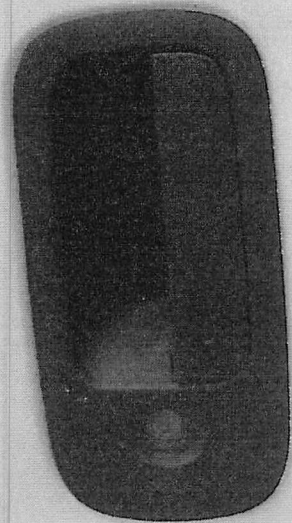
There are 2 receipts w/
 different times on them.
 This appliance guy gave me a
 higher quote and then attempted
 to send another receipt after
 the first quote would like my
 payment reversed immediately





05-9505
yservice.com

services and parts
major brands



800.905.9505

aefactoryservice.com

repair services and parts
for all major brands

appliances
lawn & garden equipment
electronics

23087

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aefactoryservice.com

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awn & garden equipment
electronics

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major brands



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for all major brands

appliances
lawn & garden equipment
electronics

23087

Supporting Statement

On or about July 25, 2016, I received rebuttal response from The New York State of Human Rights. Docket # **FELISSA DAVIS V. NIAGARA FALLS MEMORIAL MEDICAL CENTER**
NYS DHR CASE NO. 10181234
EEOC CHARGE NO. 16GB602502.

This writer filed charges against my then employer Niagara Falls Memorial Medical Center for attempting violate my Civil Rights. Timothy Freer, Director of Niagara Falls Memorial requested this writer to come in to work while out on medical leave. I declined his invitation. Timothy Freer, stated in his sworn notarized statement the reason he needed this writer, Felissa Davis to come in to work while out on Disability because he received a compliant of criminal activity regarding this writer and another employee, Timothy Shaughnessy of Health Home employee. According to Vicki Landes Director testimony submitted by their attorneys, I had been harassing this employee since December of 2015. I reported to work until my Disability Date on or about January 26, 2016, April 4 Through April 8th and June 24 until 28th and no verbal mention of these events.

I reported to work on April 8, 2016 and was pulled into a spontaneous meeting with Timothy Freer, Director of Human Resources, Vicki Landes, Director of Health Home and Cate Velezy, supervisor of Health Home and they failed to mention these incidents at that time. I, Felissa Davis, attest that I never received, verbally, written correspondences, and emails regarding any violation of Niagara Falls Memorial Medical Center employee's policies. This writer was never given any summons or written alleged violations from the Director of Security. If these events took place these individuals are in violation of their own company policies. I have included the copies of their company policies for evidence and alleged emails they submitted to the NYS Division of Human Rights as reponses..

Timothy Freer, Director of Niagara Falls Memorial Center and Vicki Landes Director of Health Home needed an alibi to submit to The New York State Division of Human Rights. Timothy Shaughnessy agreed to assist in the conspiracy. In fact, Timothy Shaughnessy, stated I despised him because of his law enforcement status. I attesting I knew nothing of his affiliation with United States Coast Guard as an Auxiliary Officer. The only information he provided to me was his past employment with a Probation Department in another county. He submitted a false police report, falsified documents, impersonating a police officer/peace officer, attempting use his law enforcement status to compromise a court decision with fellow employees, submitted false documents to a State and Federal court proceedings. He also stated he spoke with Niagara Falls Police Department about the alleged incident and attempting to the falsify report from this Law enforcement agency, Niagara Falls Police Department.

I, Felissa Davis feel unsafe at this point I am not sure with these individuals are capable of. I request warrant arrests for Timothy Freer, Director of Niagara Falls Memorial Human Resources, Vicki Landes, Director of Health Home and Timothy Shaughnessy employee of Health Home. I would like an order of protection from all individuals especially Timothy

Shaughnessy, due to his bragging of experiences with utilizing his gun during his brief stint as a Probation Officer. He presents a clear and present danger to this writer and community at large. These individuals are located at Niagara Falls Memorial Medical Center Daily, Monday thru Friday.

Notarized affirmation

I declare under penalty of perjury under the laws of the State of New York that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

An affidavit is a voluntary, sworn written statement.

The name of the affiant, the person giving the statement, must be mentioned in the affidavit and the affiant is required to sign the affidavit in the notary's presence.

An Affidavit would look something like this:

State of New York)) SS: County of Erie)

Before me, the undersigned notary public, this day, personally, appeared Felissa A. Davis to me known, who being duly sworn according to law, deposes the following:

(Affiant's Statement)

[Signature] (Signature of Affiant)

Subscribed and sworn to before me this 5th day of December, 2016.

LOUISE A. GABRYSZAK Notary Public

Louise A. Gabryszak
My Commission Expires: 11/30/17

LOUISE A. GABRYSZAK
Notary Public, State of New York
Qualified in Erie County
My Commission Expires Nov. 30, 2017

NIAGARA FALLS POLICE DEPARTMENT SUMMARY INCIDENT REPORT

REPORT NUMBER: 18-0081195



INCIDENT INFORMATION

INCIDENT CODE 138	INCIDENT TYPE Harassment	INITIAL SUPP	DATE/TIME STARTED 04/08/2018 10:00 AM	DATE/TIME ENDED 04/08/2018 10:15 AM	DATE/TIME REPORTED 04/11/2018 08:38 PM
REPORT FILED FROM 000	TRACKING NUMBER T16300382	LOCATION OF OCCURRENCE 425 10TH Street, 701, NIAGARA FALLS, NY			APPROVED BY: BL17144/Sandi Arsic
LOCATION TYPE Hospital	THEFT TYPE	METHOD OF ENTRY	METHOD OF EXIT	PT OF ENTRY	PT OF EXIT
ENTRY LOG					

PERSON LISTINGS

TYPE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX	DRIVER LIC NO	LIC
VIC	Shanghweary	Timothy	John	000	000	0		
SSN	ETHNICITY	RESIDENT	EYE COLOR	HAIR COLOR	AGE	HEIGHT	WEIGHT	CELL PHONE
000	000	000						000
1	EMAIL		RESIDENCE ADDRESS				HOME PHONE	
	tshanghweary@gmail.com		000					
	EMPLOYER NAME		BUSINESS ADDRESS				WORK PHONE	
	000		000					
TYPE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX	DRIVER LIC NO	LIC
SUB	Davis	Felissa		000	000	0		
SSN	ETHNICITY	RESIDENT	EYE COLOR	HAIR COLOR	AGE	HEIGHT	WEIGHT	CELL PHONE
000	000	000						000
2	EMAIL		RESIDENCE ADDRESS				HOME PHONE	
	000		000					
	EMPLOYER NAME		BUSINESS ADDRESS				WORK PHONE	
	000		000					

NARRATIVE

On 4/5/18 Felissa Davis called this writer over to her desk as this writer was walking by. Felissa asked if this writer had called her name out in the casino without stating when this had occurred (reference to Seneca Niagara Casino). This writer denied doing this and Felissa emphatically stated in a loud manner that she knew this writer had done this. Felissa started to point her finger at this writer and this writer walked away. Prior to this incident on 12/24/15 Felissa interrupted a conversation between this writer and another co-worker in strong disagreement with this writer discussing calling the police about a disturbed person making a loud commotion and acting under the influence of narcotics/alcohol outside this writer's home the previous night. Felissa stated to this writer I hate how you lie to get people in trouble. The matter on 4/5/18 that Felissa alluded to was reported to the human resources department at NFMCC and this writer is concerned for his safety as Felissa appears unstable. At the very least a report is being filed should an incident be filed in the future by Felissa that is a continuation of harassment through the police department as a venue.

JS 44 (Rev. 04/21)

CIVIL COVER SHEET

22 CV 850-JLS

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Felissa DAVIS

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

Niagara Falls Police

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State ☒ 1 PTF ☐ 1 DEF
- Citizen of Another State ☐ 2 ☐ 2
- Citizen or Subject of a Foreign Country ☐ 3 ☐ 3
- Incorporated or Principal Place of Business In This State ☐ 4 PTF ☐ 4 DEF
- Incorporated and Principal Place of Business In Another State ☐ 5 ☐ 5
- Foreign Nation ☐ 6 ☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 INTELLECTUAL PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

 CHECK YES only if demanded in complaint:
 JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**Authority For Civil Cover Sheet**

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I. (a) **Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
 - (b) **County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
 - (c) **Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. **Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
- United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
- United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
- Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
- Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)
- III. **Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. **Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. **Origin.** Place an "X" in one of the seven boxes.
- Original Proceedings. (1) Cases which originate in the United States district courts.
- Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
- Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
- Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
- Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
- Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
- Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
- PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. **Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- VII. **Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
- Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
- Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. **Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.